

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-033622

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

8203

FILED AUG 22 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN  
St. Louis

Length of stay in 1b  
1 week

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION  
St. Luke's Hospital

Inside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri b. COUNTY St. Louis

c. CITY  
OR  
TOWN  
University City

Inside Limits  
Yes ☒ No ☐

d. STREET  
ADDRESS  
7147 Delmar Boulevard

Reside on Farm  
Yes ☐ No ☒

3. NAME OF DECEASED  
(Type or print)

First Middle Last  
Joseph Florito

4. DATE  
OF  
DEATH  
Month Day Year  
August 11 1963

5. SEX  
Male

6. COLOR OR RACE  
White

7. Married ☐ Never Married ☒  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH  
8/15/1903

9. AGE (last birthday)  
59

IF UNDER 1 YEAR  
Months Days IF UNDER 24 HR  
11 26 Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Hotel Operator

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)  
St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY  
U. S. A.

13a. FATHER'S NAME

Charles Florito

13b. MOTHER'S MAIDEN NAME

Lena Florito

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT  
Address  
Carl J. Florito 7147 Delmar Blvd

18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Paralytic Illness

INTERVAL BETWEEN  
ONSET AND DEATH  
7 days

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

Measenteric arteritis 443X

7-10 days

DUE TO (c)

Hypertensive Cardiovascular disease

7 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

(1) Multiple sclerosis (2) Diabetes mellitus (3) Hemorrhagic proctitis

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURY  
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION  
COUNTY STATE

21. I attended the deceased from Jan 31 1956 to Aug 11 1963 and last saw him alive on Aug 10 1963  
Death occurred at 4:15 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)

Ray D. Williams M.D.

22b. ADDRESS

114 No Taylor St Louis MO.

22c. DATE SIGNED

12 Aug 63

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Burial

23b. DATE

8/14/63

23c. NAME OF CEMETERY OR CREMATORY

Calvary Cemetery

23d. LOCATION (City, town, or county)

St. Louis, Missouri

(State)

24. FUNERAL DIRECTOR

Arthur J. Donnelly

ADDRESS

3840 Lindell Blvd

25. DATE RECD. BY LOCAL REG.

AUG 12 1963

26. REGISTRAR'S SIGNATURE

Joan Smith, M.D.

Dr. William Blacklock  
114 N. Taylor Ave  
J.C. 3-8600  
after 8:30 AM Monday

0-12

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer, No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.